Psychiatric Evaluation (This is a two page pathway)



Patient Name		Inmate Number	Date of Birth	Today's Date
	ematic History	l Disorder Rela	ated I No Si Withdrawal History: I	gnificant History Yes 『No
_			ethadone PCP Opiate Withdrawal History: I	s Other: Yes I No
Previous CD Tx:	I Yes I No I N/A		E	
Previous Psychiatric He	When:	Me	ds Taken:	
Previous Outpatient Ps	When:	Me	ds Taken:	
Mood:	Dysphoric Euthy	mic Expansive El	evated Irritable Anxio	sı
Affect:	Appropriate Flat	Blunted Inappropri	ate Labile Restricted	
Hallucinations:	Auditory Visual	Other:	N/A	
Delusions:	Grandiose Parar	oid Religious Oth	ner:	_ N/A
Thought progression:	Coherent Incoh	erent Confused \	/ague Rational Rambli	ng
Orientation:	Person Place	Time Situation		
Behavior:	Cooperative Hos	stile Lethargic	Fearful Agitated	
Current Suicidal Ideation		o Plan:sure Inmate is place	d on suicide watch)	
Past Attempt(s):	『Yes 『 I	No When:	Method Us	ed:
Homicidal Ideation:	IYes II	No Intervention:		_



Psychiatric Evaluation (This is a two page pathway)



Patient Name		Inmate Number	Date of Birth	Today's Date
Medical History:		-1		
Seizure Disorder	□ Cardia	Condition	Neurological Dys	function
Previous Stroke	Autoim	mune Deficient Disorder	I Diabetes	
I High Blood Pressure	□ Commι	unicable Disease	<pre>I Other:</pre>	(P)
Impressions:				
Diagnoses:	Axis I			===
Treatment Plan:				
	Medications:			
	Blood Work Need Follow-Up:	Da		Suicide Watch
Discharge Planning:				
	Community Reso	urce Guide Provided: I Y	es I No I N/A	
Patient Education:				
The inmate was provide	ed information rega	rding the prescribed med	lication which included:	
Medication Name Noncompliance Conc	I Side Effe erns I Require	ects	Jse/Dosage Timeframe	
Notes:				
MD Signature		D	ate	



Segregation Self-Harm/Suicide Risk Screening



Patient Name	Patient Nun	nber Booking	Number Date o	f Birth Today's Date
Date Placed in Segrega	tion:R	eason for Segregation	Placement:	
ANY PRIOR SELF-H	ARM EPISODES: 🗆 Ye		mstances – include self-report	
Self-harm during	ments:	nts: ☐ Yes ☐ No	_	
Current Functioning:	ress concern re: ability to co			, explain:
Describe client's	s attitude toward segregation	n placement:		
	n: ☐ Yes ☐ No ☐ Refuses	-		
	urrent functioning and strate			
		. g		
V =				-
	edication:	No Compliant: ☐ Yes	s □ No □ N/A	
Sensorium:	Behavior:	Mood:	Thought Process:	Thought Content:
⊒ Alert	□ Calm	☐ Euthymic	☐ Goal-Directed	□ WNL
☐ Oriented x 3	☐ Agitated	☐ Depressed	□ Disorganized	□ S/I □ H/I □ Paranoid
☐ Distractible	Slowed	□ Anxious	□ Loose Association	ns
Poor concentration	□ Other	☐ Elevated	☐ Tangential	☐ Delusions
Other	2	☐ Irritable ☐ Other	Other	— □ Other
Appearance:	Speech:	Affect:	Memory:	Complèire Estimate
⊒ Well kept	☐ Clear/Coherent	☐ Appropriate	□ Recent Intact	Cognitive Estimate:
⊒ Self-neglect	□ Spontaneous	☐ Inappropriate	☐ Remote Intact	□ Average
Other	☐ Pressured	☐ Constricted	☐ Impaired	Low
<u> </u>	☐ Poverty	☐ Blunted	□ Other	
	Other	Other	→	
	₩	-,(4/)		
Recommendation				
☐ MH F/U 3x/wk due to 3	SFI status		te Suicide Watch	
☐ MH F/U 1x/wk – no SF			: Security re: homicidal idea	tions
☐ Other MH F/U schedu	le:	Cons	sult MH Supervisor	
☐ Refer to Psychiatry du	e to:			
· · · · · · · · · · · · · · · · · · ·			Date 6 The	
Signature			Date & Time	



SELF HARM WATCH/MH OBS ADMISSION ASSESSMENT



Security S Describe events leading to watch: Security S Secu	Patient N	ame	Inmate Number	Booking	Number	Date of Birth	Today's Date
Reason for watch:	Type of Watch: D Solf	Harm Watch C MH	Observation France	- Class	- Oha D45/m	in []20/min	Material Initiated Dec
Sensorium: Behavior:	Reason for watch: 🔲 k	deation 🗆 Plan 🗀 A	Act Decompensation	Other			☐ MH Staff
□ Alert □ Calm □ Euthymic □ Goal-Directed □ Homicidal □ Depressed □ Distractible □ Slowed □ Anxious □ Loose Associations □ Paranoid □ Proor concentration □ Other □ □ Collegar □ Other □ Othe	Describe events leading	to watch:					
□ Alert □ Calm □ Euthymic □ Goal-Directed □ Homicidal □ Depressed □ Disgraphice □ Debtsons □							
□ Oriented x 3 □ Agitated □ Depressed □ Disorganized □ Suicidal □ Suicidal □ Depressed □ Disorganized □ Depressed □ Disorganized □ Suicidal □ Suicidal □ Depressed □ Disorganized □ Depressed □ Disorganized □ Depressed □ Disorganized □ Depressed	Sensorium:	Behavior:	Mood:		Thought Proc	ess:	Thought Content:
□ Distractible □ Poor concentration □ Other □ □ Elevated □ Irritable □ Other		□ Calm	1 .		☐ Goal-Direc	ted	☐ Homicidal
□ Poor concentration □ Other □ □ Elevated □ Irritable □ Other			☐ Depressed		☐ Disorganiz	ed	□ Suicidal
Other					1		
Other		☐ Other					
Affect:	Other	-			Other		
Well kept							
□ Self-neglect □ Spontaneous □ Inappropriate □ Remole Intact □ Average □ Low □ Other	• •		1		1 '		
Other Pressured	·		1 '' '		I .		_
Mental Status: Medication:	4747324K		1 '''			tact	_
Mental Status: Medication:	Li Otriei	N					CI LOW
Medication:					- Other		
Medication:	Mental Status:	1					
Is client able to verbalize a willingness to work on maintaining safety? Yes No If yes, note below. Describe client's plan to maintain safety and cope with issues that lead to placement on watch: Plan: Follow up daily while on watch Refer to Psychiatry Refer to Psychiatry Refer for SFI Designation Consult with MH Supervisor Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release Other: Research Telease, 14 days post-release Recommendations: Housing: Clothes: Regular Safety Smock Food: Chow Hall Regular Tray Foam Tray Finger food: Sharps: No Restrictions: Some Restrictions: Recommendations: Housing: Recommendations: Recommendations: Housing: Recommendations: Recommendations: Housing: Recommendations: Recommendations	Medication: D Ves	□ No.	Compliant: D V	es DN	lo □ N//	٨	
Plan: Follow up daily while on watch Refer to Psychiatry Consult with MH Supervisor Complete Acute Treatment Plan Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release Other:							olow
Plan: Follow up daily while on watch Refer to Psychiatry Refer for SFI Designation Consult with MH Supervisor Complete Acute Treatment Plan Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release Other:							
□ Follow up daily while on watch □ Refer to Psychiatry □ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: □ Housing: □ Clothes: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Finger food Sharps: □ No Restrictions □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions:	Describe client's plan to	maintain safety ar	ia cope with issues ti	nat lead to pla	acement on v	vatch:	
□ Follow up daily while on watch □ Refer to Psychiatry □ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: □ Housing: □ Clothes: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Finger food Sharps: □ No Restrictions □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions:							
□ Follow up daily while on watch □ Refer to Psychiatry □ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: □ Complete Acute Treatment Plan □ Restrictions: □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Finger food: Sharps: □ No Restrictions □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules							
□ Follow up daily while on watch □ Refer to Psychiatry □ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: □ Complete Acute Treatment Plan □ Restrictions: □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Finger food: Sharps: □ No Restrictions □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules							
□ Follow up daily while on watch □ Refer to Psychiatry □ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: □ Housing: □ Clothes: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Finger food Sharps: □ No Restrictions □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions:							
□ Refer to Psychiatry □ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Sharps: □ No Restrictions: □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Finger food Sharps: □ No Restrictions: □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules	Plan:			Recomme	endations:		
□ Refer to Psychiatry □ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release □ Other: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions: □ Regular □ Safety Smock Food: □ Chow Hall □ Regular Tray □ Foam Tray Sharps: □ No Restrictions: □ Some Restrictions: □ No Sharps allowed Property: □ According to Unit rules	☐ Follow up daily while o	n watch		Housing:			
□ Refer for SFI Designation □ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release □ Other:						□ Safety S	mock
□ Consult with MH Supervisor □ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: Restrictions: Restrictions: Restrictions:		ion			-	•	
□ Complete Acute Treatment Plan □ Release from Watch Status: MH F/U @ 24 hrs post-release, 7 days post-release, 14 days post-release □ Other: Restrictions: □ Some Restrictions: No Sharps allowed Property: □ According to Unit rules □ Restrictions: Restrictions:	•			1 000.	a 0110W 118	iii 🗖 Negalai	
□ Release from Watch Status: MH F/U @ 24 hrs post- release, 7 days post-release, 14 days post-release □ Other: □ No Sharps allowed Property: □ According to Unit rules □ Restrictions: □ Restrictions:				Charna:	□ No Postri-t	tions 🗆 Com-	-
release, 7 days post-release, 14 days post-release ☐ Other: ☐ Restrictions: ☐ Restrictions: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			hra nost				restrictions:
□ Other: □ Restrictions:		_	· ·				
			ease		_		
Signature Date 9 Time	U Other:			(☐ Restriction:	s:	
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Signatura Data 9 Timo							
Signature Data & Time							
		Signature		3	D	ate & Time	

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Self-Harm Watch/MH Health Observation Discharge Summary



	Inmate Number	Booking Number	Date of Birth	Today's Da	ate
Date: T Discharge Ordered by: (CCS S			From: Self-Hai	rm Watch M	1H C
Reason for Admission:					
Progress Noted on Admitting					
					•
					÷:
	: v-up per policy, see S\				po:
Discharge Recommendations Client scheduled for follow release, 14 days post release. Refer to psychiatry f	: v-up per policy, see S\ ise)				s pos
release, 14 days post relea Refer to psychiatry f Refer to MH SFI	:- v-up per policy, see S\ ise) for follow-up				s pos
Discharge Recommendations Client scheduled for follow release, 14 days post release. Refer to psychiatry f Refer to MH SFI	v-up per policy, see S\ ase) for follow-up				s pos
Discharge Recommendations Client scheduled for follow release, 14 days post release. Refer to psychiatry for Refer to MH SFI if client already on Refer to MH group to Refer for brief MH for	v-up per policy, see Stase) for follow-up MH SFI List herapy ollow-up to assess adj	W Follow up Schedule			s pos
Discharge Recommendations Client scheduled for follow release, 14 days post release, 16 days post release, 16 days post release, 17 days post release, 18 days post release, 18 days post release, 18 days post release, 18 days post post post post post post post pos	v-up per policy, see Stase) for follow-up MH SFI List herapy ollow-up to assess adj	W Follow up Schedule			s pos
Discharge Recommendations Client scheduled for follow release, 14 days post release. Refer to psychiatry for Refer to MH SFI Birchient already on Refer to MH group to Refer for brief MH for Refer to substance as Place on Alpha Unit	v-up per policy, see Stase) for follow-up MH SFI List herapy ollow-up to assess adj	W Follow up Schedule			s pos
Discharge Recommendations Client scheduled for follow release, 14 days post release, 14 days post release, 14 days post release. Refer to psychiatry for Refer to MH SFI If client already on Refer to MH group to Refer for brief MH for Refer to substance and Place on Alpha Unit Place on Bravo Unit	v-up per policy, see Stase) For follow-up MH SFI List herapy bllow-up to assess adj abuse services	W Follow up Schedule	e (24 hrs post-re	lease, 7 days	s pos
Discharge Recommendations Client scheduled for follow release, 14 days post release, 14 days post release, 14 days post release, 16 days post release, 16 days post release, 17 days post release, 18 days post release, 19	v-up per policy, see Stase) for follow-up MH SFI List herapy ollow-up to assess adj	W Follow up Schedule ustment	e (24 hrs post-re	lease, 7 days	s pos

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SFI Status Referral Form - Addition



Patient Name	Inmat	e Number	Booking N	umber	Date of Birth	Today's Date
Action Requested: Add S	6FI Status					
Provisional Diagnosis – Com	plete all five axes,	and includ	e the date of	the diagn	osis:	
Axis I:		 ;	Axis III:			
Assia Us			Axis IV:	<u> </u>		-
			Axis V:			
Date of Axis I diagnosis:			Date of Ax	is II diagn	osis:	;
Check all that apply: □ CRT Describe Rationale for SFI Des	ignation:					
Requesting Clinician	Date	ç				*
Action: ☐ Approved ☐ Denie	ed 🚨 Returned for	Additional	Information:			
Regional MH Director	Date					
Action: ☐ Approved ☐ Denie	ed 🛘 Returned for	Additional	Information: _	_		
DOC Chief of Mental Health Se	rvices Date					

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SFI Status Referral Form - Remove



Patient Name	Inmat	e Number	Booking Number	Date of Birth	Today's Date
Action Requested: □ Remo	ove SFI Status				
Provisional Diagnosis – Con	nplete all five axes,	and includ	e the date of the dia	gnosis:	
Axis I:			Axis III:		
A			Axis IV:		
		n	Axis V:		
Date of Axis I diagnosis:			Date of Axis II dia	gnosis:	
			<u> </u>		
Requesting Clinician	Date	• 0			
Action: ☐ Approved ☐ Denie	ed □ Returned for	· Additional l	nformation:		-
Regional MH Director	Date				
Action: ☐ Approved ☐ Denie	ed 🛚 Returned for	Additional	nformation:		
OOC Chief of Mental Health Se	ervices Date				

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Suicide Risk Assessment Checklist



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
Gender: M F		J.	J.	-
Reason for Suicide Risk Evaluation (check		L Ine need for hospital referr	al 🗆 Other:	
Sources of Information: Patient Intervi				
USE CHECKLIST AS A GUIDE FOR ASSI Static Risk Factor - (unchanging, historica			t "P" Absent "A"	or Unknown "U"
P A U	PAU	Suicide ideations/threats in Dates: Previous suicide attempts History of substance abus	(when and meth	
Slowly Changing Risk Factors - (long-term P A U	s Creoping skills Creoping sign pain Creoping actions Creoping actions Creoping Creo	First time incarce Newly dlagnosed Current Segregat Age <17 or >55 High profile crime	l medical conditi tion	on
Dynamic Risk Factors - (short-term risk fa	ctors: continue to as	sess):		
P A U Recent suicide ideation, acute/ch Recent release from psychiatric h Sudden calm following suicidal id Recent suicide attempt or self-inji Well-planned or highly lethal atter Hoarding or cheeking medication Sulcide note found/reports of givir Lack of perceived support system Hopelessness or helplessness Feelings of guilt or worthlessness Actively psychotic Person holds position of status in Upcoming release date	ronic	A U Anniversary of impo Recent rejection or Single-cell placeme Significant current in Anxious, agitated or Disturbance of mod Affective instability of Poor compliance w Recent trauma or tr Recently assaultive Current insomnia, g Intoxicated/under in	loss ent and/or high s mpulsivity fearful for safety od (depression o or lability ith treatment or r irreat to self-ester or violent boor appetite or o fluence of drugs	r manla) nedication em opposites
Protective Factors (mark all that are preserved) D D D Spouse/Family Support D D Children at Home D D Religious Support D D Has hope for a more positive future	P A	u □ Social Support (in or ou □ Has insight into proble □ Is engaged In working/	m issues	
Assessment Based on Above Factors, Inte Summarize Risk: Mild Risk	erview of Patient and Moderate Risk	Other Information: Severe Risk		
Recommendations / Plan (check all that and No referral needed Cleared for release from Suicide Return to housing unit	Watch	☐ Cleared for release☐ Initiate Suicide Wat☐ Referral to Mental F	ch	ıp
Additional Comments:				
Clinician Signature/Title		Date		

* D 2 4 1 1 D P 4 6 7 3 5 P *

Suicide Watch Observation Discharge Summary



	Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
ate:	Time:	Discha	arge From: Suicia	le Watch	
ischarge Ord	ered by: (CCS Staff Member)		Discharged To:		
eason for Ad	mission:				<u>=</u>
					-
ogress Note	d on Admitting Issues	ž <u></u>			
urrent Medic	ations:				
	·				-
ischarge Rec	ommendations:				
_	eduled for follow-up per	policy, see SW Follow hly for remainder of in		or 5 days, weekly	for
_	eduled for follow-up per 2 weeks, and mont	hly for remainder of in ychiatry for follow-up		or 5 days, weekly	for
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to Mi	hly for remainder of in ychiatry for follow-up H SFI if client already on M	carceration)	or 5 days, weekly	for
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to Mi note Refer to Mi	hly for remainder of in ychiatry for follow-up H SFI if client already on M H group therapy	H SFI List		for
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to MI note Refer to MI	hly for remainder of in ychiatry for follow-up H SFI if client already on M H group therapy rief MH follow-up to as	carceration) H SFI List seess adjustment to i		for
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to MI note Refer to MI Refer for br Refer to su	hly for remainder of in ychiatry for follow-up H SFI if client already on M H group therapy rief MH follow-up to as bstance abuse service	carceration) H SFI List seess adjustment to i		for
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to Mh note Refer to Mh Refer for br Refer to su Refer to so Place on A	hly for remainder of in ychiatry for follow-up I SFI if client already on M I group therapy rief MH follow-up to as bstance abuse service cial services departments	carceration) H SFI List seess adjustment to i		for
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to Mi note Refer to Mi Refer for br Refer to su Refer to so Place on A	hly for remainder of in ychiatry for follow-up H SFI if client already on M H group therapy rief MH follow-up to as bstance abuse service cial services department lpha Unit ravo Unit	carceration) H SFI List seess adjustment to i	ncarceration	
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to MI note Refer to MI Refer for br Refer to su Refer to so Place on Al Refer to Al	hly for remainder of in ychiatry for follow-up I SFI if client already on MI I group therapy rief MH follow-up to as bstance abuse service cial services department lpha Unit pha/Bravo Unit at SSC	carceration) H SFI List seess adjustment to it es ent CF (referral completed & for	ncarceration	
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to MI note Refer to MI Refer for br Refer to su Refer to so Place on A Place on B Refer to me	hly for remainder of in ychiatry for follow-up I SFI if client already on MI I group therapy rief MH follow-up to as bstance abuse service cial services department lpha Unit ravo Unit oha/Bravo Unit at SSC edical (complete sepa	carceration) H SFI List seess adjustment to it es ent CF (referral completed & for rate referral form)	ncarceration warded to Regional Off	
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to MI note Refer to MI Refer for br Refer to su Refer to so Place on A Place on Br Refer to MI Refer to MI Refer to So Other:	hly for remainder of in ychiatry for follow-up H SFI if client already on M H group therapy rief MH follow-up to as bstance abuse service cial services department ipha Unit ravo Unit oha/Bravo Unit at SSC edical (complete sepa	carceration) H SFI List seess adjustment to it es ent CF (referral completed & for rate referral form)	ncarceration warded to Regional Off	
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to MI note Refer to MI Refer for br Refer to su Refer to so Place on A Place on Br Refer to MI Refer to MI Refer to So Other:	hly for remainder of in ychiatry for follow-up I SFI if client already on MI I group therapy rief MH follow-up to as bstance abuse service cial services department lpha Unit ravo Unit oha/Bravo Unit at SSC edical (complete sepa	carceration) H SFI List seess adjustment to it es ent CF (referral completed & for rate referral form)	ncarceration warded to Regional Off	
_	eduled for follow-up per 2 weeks, and mont Refer to ps Refer to MI note Refer to MI Refer for br Refer to su Refer to so Place on A Place on Br Refer to MI Refer to MI Refer to So Other:	hly for remainder of in ychiatry for follow-up H SFI if client already on M H group therapy rief MH follow-up to as bstance abuse service cial services department ipha Unit ravo Unit oha/Bravo Unit at SSC edical (complete sepa	carceration) H SFI List seess adjustment to it es ent CF (referral completed & for rate referral form)	ncarceration warded to Regional Off	



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Mental Health Services Treatment Plan for Acute Mental Health Events



(This is a two page pathway)

Patient Name		Inmate Number	Booking Number	Date of Birth	Today's Date
		,	Date Treatment	Plan Initiated:	
Reason For Treatm	ent Plan:	Intensive Mental I Suicide P	notropic Medication Adı Health Monitoring Due recaution Watch	То:	
Brief description of	current episode (ret		for complete progress r		
maintain safety of in To terminate curren abil abil abil as o dec as o dru abil func incr	t acute mental heal ity to control self-me ity to control self-he ity to control self-he reased risk level of ity to control acting directed by health ce rease in psychiatric directed by health ce g toxicity ity to develop and ctioning if returned re eased ability to car	th intervention, inma utilating behavior arm gestures/statem all forms of behavior out toward others are practitioner, psy c symptoms of conce are practitioner, lab d discuss with me to a lesser monitore e for ADLs	alth intervention and a ate must demonstrate (sents or leading to self-harm echotropic medication cern (list:	compliance edication at therape	eutic levels in cases of
Intervention: In ord (check all that apply dail dail end con prod	der to achieve the good of the country of the country of the country ourage medication of journalin	goal listed above, the restriction sheets w eling with mental he compliance g or assigned works	e following actions will ill be provided for staff alth staff	be taken in order to use on a daily bas	o assist the inmate



Mental Health Services Treatment Plan for Acute Mental Health Events



2

(This is a two page pathway)

Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date
MENTAL HEALTH TREATMENT PLAN FOR ACU	TE MENTAL HEALTH EV	ENTS		
Termination: After ending the curre intervention/services is suggested (some placement on intense me suicide precautio therapeutic seclu	of these are step-dovental health monitoring watch	wn interventions from the	following leve current strateg	el of mental health ly):
	/acute altered mental health living unit ation living unit spital/ER (list):	status		
Note: Mental Health staff will complete a daily mental health event. Upon the inmate's event staff will enter a progress note in the inmate's maintain an adequate level of daily functioning	ual dismissal from an a health record detailing	cute mental health interver	ntion status, the a	ssigned Mental Health
Staff Signature ***********************************	odated for each statu	******		
,		Date	of Update:	
Note Changes to Goals and Intervent	ions Based on New S	Status:		
Note New Status: Therapeutic Restraint Ep Emergency Psychotropic Intensive Mental Health M Suicide Watch Pi Therapeutic Secl Decompensation	Medication Administ Monitoring Due To: recautions			
Staff Signature	Date			CCS-MH002





Mental Health Services Treatment Plan for NON-Acute Mental Health Events



	Inmate Number	Booking Number	Date of Birth	Today's I
TREATMENT MODALIT	Y: I Special Needs I G	roun Therany I Individ	ual Therapy	
				under
DIAGNOSIS*: Axis I: Axis II:	·		'If inmate currently psychiatric treatme	
Axis III:			diagnoses determi	
Axis IV:			psychiatric provide	
Axis V:				
Focus of Treatment:				
Goals:				
Treatment Intervention	s to be Utilized:			
Start Date of Treatmen	t:	Anticipated Completic	on Date:	
÷	(Psychiatric Provide	r initials)	(MHP Initia	IS)
*****			******	******
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Treatment Plan Update	printi popular povaza a se sem ce pre popular i postava se sem ce se se	Anticipated	Completion Date	E
Treatment Plan Update Progress Towards Orig	: Date of Update:	Anticipated	Completion Date	: -
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Progress Towards Orig Revised Focus of Trea Treatment Intervention	e: Date of Update: ginal Goals: tment: s to be Utilized:	Anticipated Anticipated	Completion Date	*****
Treatment Plan Update Progress Towards Orig Revised Focus of Trea Treatment Intervention ***********************************	ginal Goals: ginal Goals: tment: s to be Utilized: in Special Needs Program – Reviewin	Anticipated Anticipated Anticipated	Completion Date	**************************************
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*I agree to participate in this treatment plan.

Mental Health Non SFI Weekly Segregation Rounds Form



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date	
Date Entered Segregation.	*	,,		·	
Date: Date:		Date:	Date:		
Orientation:	Orientation:	Orientation:		Orientation:	
□ Person	□ Person	□ Person	·	□ Person	
□ Place	□ Place	□ Place		□ Place	
☐ Time	☐ Time	□ Time		□ Time	
Affect:	Affect:	Affect:	At	Affect:	
☐ Flat/Blunted	☐ Flat/Blunted	□ Flat/Blunted		□ Flat/Blunted	
□ Euphoric	□ Euphoric	□ Euphoric		□ Euphoric	
☐ Euthymic	□ Euthymic	□ Euthymic		□ Euthymic	
□ Dysthymic	□ Dysthymic	□ Dysthymic		□ Dysthymic	
□ Angry	□ Angry	□ Angry		□ Angry	
☐ Other:	□ Other:	□ Other:		□ Other:	
Mood:	Mood:	Mood:		ood:	
□ Calm	□ Calm	□ Calm		□ Calm	
☐ Agitated	☐ Agitated	☐ Agitated		☐ Agitated	
□ Depressed	☐ Depressed	□ Depressed		☐ Depressed	
☐ Angry	□ Angry	□ Angry		☐ Angry	
□ Other:	□ Other:	□ Other:		☐ Other:	
Cognition:	Cognition:	Cognition:	Co	ognition:	
☐ Normal	□ Normal	☐ Normal		☐ Normal	
☐ Hallucinations	☐ Hallucinations	☐ Hallucinations		☐ Hallucinations	
□ Delusions	□ Delusions	☐ Delusions		□ Delusions	
☐ Suicidal Ideation	☐ Suicidal Ideation	☐ Suicidal Ideation		☐ Suicidal Ideation	
☐ Homicidal Ideation	☐ Homicidal Ideation	☐ Homicidal Ideation	. 🗆	☐ Homicidal Ideation	
Psych Meds:	Psych Meds:	Psych Meds:	Ps	ych Meds:	
□ Not Prescribed	□ Not Prescribed	☐ Not Prescribed		□ Not Prescribed	
□ Compliant	☐ Compliant	☐ Compliant		□ Compliant	
□ Non-compliant	□ Non-compliant	□ Non-compliant		□ Non-compliant	
Behavior:	Behavior:	Behavior:	В	ehavior:	
☐ Cooperative	☐ Cooperative	☐ Cooperative		□ Cooperative	
☐ Aggressive	☐ Aggressive	☐ Aggressive		□ Aggressive	
☐ Assaulting	☐ Assaulting	☐ Assaulting		☐ Assaulting	
☐ Withdrawn	□ Withdrawn	□ Withdrawn		□ Withdrawn	
☐ Mute	□ Mute	□ Mute		□ Mute	
Cell:	Cell:	Cell:	C	ell:	
☐ Messy	□ Messy	□ Messy		☐ Messy	
□ Clean	□ Clean	□ Clean		□ Clean	
Remarks:	_ Remarks:	Remarks:	R	Remarks:	
Staff Initials:	Staff Initials:	Staff Initials:		aff Initials:	
	indings noted notify MU Cunami	Start mittals.			



Mental Health Weekly SFI Segregation Rounds



Patient Name	Inmate Number	Booking Number	Date of Birth	Today's Date		
			A.:-			
Date Entered Segregation:	_ Date Entered Seg	Date Entered Segregation:		Date EnteredSegregation:		
and SFI:		and SFI:		and SFI:		
Date:	Date:		Date:			
Orientation:	Orientation:		Orientation:			
□ Person	☐ Person		□ Person			
☐ Place	□ Place			□ Place		
☐ Time	☐ Time		☐ Time			
Affect:	Affect:		Affect:			
☐ Flat/Blunted	☐ Flat/Blunted	1		☐ Flat/Blunted		
☐ Euphoric	☐ Euphoric	1 1 11 11 11 11 11 11 11 11 11 11 11 11		□ Euphoric		
□ Euthymic	☐ Euthymic			□ Euthymic		
Dysthymic Dysthymic		Dysthymic		Dysthymic D		
☐ Angry ☐ Other:	☐ Angry	☐ Angry		☐ Angry ☐ Other:		
d Other.	U Other	Other;				
Mood:	Mood:		Mood:			
☐ Calm	□ Calm		□ Calm			
☐ Agitated	☐ Agitated		☐ Agitated			
□ Depressed	□ Depressed		☐ Depressed☐ Angry			
☐ Angry ☐ Other:	☐ Angry		Other:			
G Other.	Other					
Cognition:	Cognition:		Cognition:			
☐ Normal	□ Normal		Normal			
Hallucinations	□ Hallucination	าร	☐ Hallucinations			
☐ Delusions	☐ Delusions		☐ Delusions			
□ Suicidal Ideation	□ Suicidal I	deation	□ Suicidal	Ideation		
□ Homicidal Ideation		□ Homicidal Ideation		□ Homicidal Ideation		
2 Hollioldal Idealion	I I I I I I I I I I I I I I I I I I	i lucation				
Psych Meds:	Psych Meds:		Psych Meds:			
Not Prescribed			☐ Not Prescribed			
	□ Compliant □ Compliant		☐ Compliant			
□ Non-compliant	□ Non-compliant		□ Non-compliant			
Behavior:	Behavior:		Behavior:			
☐ Cooperative	□ Cooperative		☐ Cooperativ	e		
☐ Aggressive		☐ Aggressive		☐ Aggressive		
□ Assaulting	☐ Assaulting		☐ Assaulting			
 Withdrawn 	☐ Withdrawn		□ Withdrawn			
☐ Mute	☐ Mute		☐ Mute			
Cell:	Cell:		Cell:			
☐ Messy	□ Messy		☐ Messy			
☐ Clean	□ Clean		□ Clean			
Remarks:	Remarks:	Remarks:		Remarks:		
i 	(i 		2			
 	-		E -			
Staff Initials:	Staff Initials:		Staff Initials:			

*If any abnormal findings noted, notify MH Supervisor and complete progress note outlining actions to be taken.

CCS-MH0004



Patient Name